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Jan 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000008026 (3)

1. Corporation Name  
SHARON MILLER OF KENDALL, INC.



Principal Place of Business: 6480 SW 120 AVE MIAMI FL 33183 US  
Mailing Address: 7436 SW 117 AVE #179 MIAMI FL 33183-3816 US

3. Date Incorporated or Qualified: 01/31/1995  
3a. Date of Last Report: 06/27/1996  
4. FEI Number: 65-0561158  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 19573 NW 62 PL, Suite, Apt. #, etc: 22 Miami FDa, City & State: 23 33015, Zip: 24, Country: 25 USA  
2a. Mailing Address: 26, Suite, Apt. #, etc: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent  
MATLIN, BRIAN  
2809 BIRD AVE.  
#124  
MIAMI FL 33133

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

*registered still being the same signature*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1/15/97

12. OFFICERS AND DIRECTORS  
TITLE: D, NAME: MILLER, SHARON, STREET ADDRESS: 6480 S.W. 120TH AVE., CITY-ST-ZIP: MIAMI FL 33183

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (SHARON LEE MILLER - President) DATE: 1/17/97 305 626-8600

CR2E034 (9/96)